USBC
U.S. Breastfeeding Committee

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The U.S. Breastfeeding Committee (USBC) submits the following comments in response to the request for information (RFI) regarding the application of the preventive services requirements under section 2713 of the Public Health Service Act (PHS Act) to over-the-counter (OTC) preventive items and services available without a prescription by a health care provider.

The USBC is a coalition bringing together ~140 organizations from coast-to-coast representing the grassroots to the treetops – including federal agencies, national, state, tribal, and territorial organizations, as well as for-profit businesses – that support the USBC mission to create a landscape of breastfeeding support across the United States. We are committed to ensuring that all families in the U.S. have the support, resources, and accommodations to achieve their breastfeeding goals in the communities where they live, learn, work, and play.

The guidelines for women's preventive health services adopted and released by the Health Resources & Services Administration include recommendations for OTC preventive products, such as breastfeeding supplies. **The USBC comments highlight the public health and economic potential for policy shifts to better support breastfeeding, common experiences faced by families as they seek to access lactation supplies through their insurance, and additional considerations.**

Public Health Case for Breastfeeding

Breastfeeding has a profound impact on population health outcomes. The American Academy of Pediatrics recommends infants be exclusively breastfed for six months with continued breastfeeding while introducing complementary foods for two years or as long as mutually desired by the mother and child. [i]

The evidence for the value of human milk on overall health for infants, children, and mothers is scientific, robust, and continually reaffirmed by new research. Breastfed infants are at lower risk of certain infections and sudden unexplained infant death. A CDC study of over 3 million U.S. births found that ever breastfeeding is associated with a 26% reduction in the odds of post-perinatal (between 7-364 days) infant death.[ii] Breastfed children have decreased risk of obesity, type 1 and 2 diabetes, asthma, and childhood leukemia. Women who breastfed reduce their risk of specific chronic diseases, including type 2 diabetes, cardiovascular disease, and breast and ovarian cancers.[iii]

While the vast majority of babies start out breastfeeding, barriers in healthcare, community, and employment settings continue to impede breastfeeding success.[iv] While 83.2% of infants are breastfed at birth, only 24.9% of U.S. infants are still exclusively breastfed at six months of age and there are persistent breastfeeding disparities by racial, geographic, and socioeconomic factors. Structural and environmental barriers can make it difficult or impossible for families to establish an adequate milk supply to sustain human milk feeding at medically recommended levels.[v] For many families, rather than being a matter of personal choice, infant feeding practice is informed by circumstance.

Economic Case for Breastfeeding

Low breastfeeding rates in the United States cost our nation millions of dollars through higher health systems costs, lost productivity, and higher household expenditures.[vi] At the national level, improving

breastfeeding practices through programs and policies has been shown to be one of the best investments a country can make, as every dollar invested is estimated to result in a US $35 economic return.[vii] Employers see significant cost savings when their workers are able to successfully breastfeed.[viii] Increased breastfeeding rates are also associated with reduced environmental impact and associated expenses.[ix]

Common Challenges Accessing Lactation Supplies Under Current Policy Landscape

Despite evidence of the positive impact of insurer coverage requirements for lactation support and supplies on breastfeeding outcomes,[x] challenges accessing covered supplies and services persist. The USBC gathered input from individuals about their experiences accessing lactation supplies. Common themes are summarized below and coupled with direct quotes from families and providers.

Many insurers impose rules about when lactation supplies can be required, making accessing lactation supplies on a practical timeline challenging for many parents.

> "Patients are often told by insurance that they cannot order a breast pump until their due date-even when delivering early. When they have babies in NICU that are born early, there is often no way to expedite the process with insurance to receive a pump before hospital discharge. Recently, a patient delivered at 31 weeks and was told she would not be able to receive her pump until her due date-way too late to be of any help."
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> "Having to wait until after delivery puts an added task on the new moms to do list, on top of adjusting to life with a newborn and trying to establish breastfeeding."

Many families share about their struggles securing the equipment that made sense for them, even when facing extreme circumstances such as preterm birth or separation from their infant. Low reimbursement rates from insurers and limited availability leave families with few choices.

> "My insurance made it very hard to access a breast pump. I called the insurance to find out how to obtain a breast pump, they told me to search in their website for a supplier. From a list of seven suppliers around me, only one supplied/had a breast pump, and this type of breast pump was not what I was interested in. I had to acquire out-of-pocket a breast pump through Amazon."
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> “I received a pump through my insurance but my baby ended up being in the NICU and I needed a hospital-grade breast pump to maintain my supply. My insurance-supplied pump just would not work to remove milk for me! Unfortunately, I couldn't get a hospital-grade pump from insurance.”
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> “It is difficult to nearly impossible to locally find flange sizes outside of the few standard pieces that come with a pump: in both retail and medical equipment stores. These must be ordered and can take days to a week or longer to arrive, which can feel like a long wait for someone who needs a different size due to painful or ineffective pumping. Clients I work with often have no option but to use an incorrectly fitting flange while they wait for another size to arrive; and this

is if they can afford to purchase alternate sizes. For someone whose insurance doesn't cover their pump or additional supplies, this creates a combination of barriers that can make for a challenging lactation journey."

Many families share that spare pump parts and other supplies were not covered by their insurance.

"I was told that breastmilk bags, extra pump parts (like flanges, tubing, replacement duckbill valves, etc) would be covered by insurance, but my insurance company was not helpful in informing me how to do so. I ended up paying out of pocket for those supplies."

"I was able to get a pump through my insurance, but did not get to choose my pump. Pumps are not created equal as they have some bad pumps out there. No supplies or extra parts were given to me through insurance or I was not made aware that these things could be given to me through insurance."

"I had to order and re-order flanges online to finally find ones that worked with my body. It would be nice for companies to offer and insurance to cover a range of flanges standard with the pump so women can find what size works best for them. Determining the type of breast pump, I wanted was difficult, and that was as a CLC. There are so many choices, it's quite overwhelming."

"The greatest barrier I found was actually learning that best fit for most women requires ordering additional parts. These were not covered my insurance, but made a huge difference in the length I was able to pump and breastfeed while working (eg correctly sized flanges)."

Many parents report that accessing a pump through their insurance is a confusing and time-consuming process.

"There are many steps one has to go through, and many mothers do not know where to even start."

"Having to make a doctor's appointment, make sure the doctor had the correct information to send over to the medical supplier, waiting for the medical supplier to receive the prescription, and waiting for the breast pump to be sent out is a lot of work."

"It required speaking to a number of employees of my insurance company, then a third party company, to obtain a breast pump that was covered by my insurance."

Providers and families alike report a lack of awareness about benefits related to lactation supplies.

"I work for WIC as a breastfeeding peer counselor, and there are so many women that have no idea they can get a free breast pump until they speak to a WIC staff member or myself about this service. Also, many women do not know what breastfeeding supplies they need to help support their breastfeeding goals. My job is to educate and close the equity gap for underrepresented

women that use WIC, but there are so many other women that do have the resources or support necessary to even feel confident in the decision to breastfeed."

"I was able to access breastfeeding supplies through my health insurance because my IBCLC told me of possible eligibility. If I did not have an IBCLC that I paid out of pocket to then I would not have known. Me and my IBCLC researched together based on my lifestyle and reviews of breast pumps helped me make a decision that was best for me."

These stories, shared with the USBC in November 2023, reflect many of the same challenges identified in the 2015 National Women's Law Center report "State of Breastfeeding Coverage: Health Plan Violations of the Affordable Care Act."[xi]

Considerations for Coverage of Over-the-Counter Preventive Services

The USBC connected with a range of organizational stakeholders to discuss potential challenges and important considerations related to insurer coverage of lactation supplies. Common themes are summarized below.

- Expanding coverage of lactation supplies in state Medicaid programs would have an important and lasting impact on families. A 2022 Kaiser Family Foundation report showed that many Medicaid programs do not cover breast pumps or only cover manual breast pumps, and that some states have strict requirements, such as prior authorization or quantity limits.[xii] Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage for approximately 42% of births in the United States.[xiii]
- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program is an important resource for many families, including providing and facilitating access to lactation support and breast pumps. Policy changes should ensure coordination with the WIC program to maximize access.
- Disparities in access to lactation supplies among racial groups contribute to disparities in breastfeeding outcomes.[xiv] Increasing access to lactation support and supplies among disproportionately impacted populations can help address the significant and persistent disparities in health outcomes in the United States.[xv]
- A program that requires parents to cover the cost of lactation supplies at point of sale for later reimbursement creates a significant barrier for low-income families.
- Contracted rates for insurer coverage of breast pumps and lactation supplies restrict which pumps are covered without cost-sharing. Many models available in pharmacy or retail environments may not be covered in full, and coverage will vary based on the insurance plan or provider. It is important that parents have clarity at the point of sale on which pumps are covered in full and whether they will be responsible for covering a price differential.
- The burden of navigating the insurance system and submitting paperwork should not fall on the shoulders of new parents adjusting to their growing family and must be manageable for small retailers.
- Not every breastfeeding dyad needs a breast pump or other lactation supplies to be successful, but for some, these supplies are an essential part of the human milk feeding journey.

- Prescription requirements are burdensome for both parents and healthcare providers, especially for a product linked to the biologic norm for infant feeding.
- Dyads have considerably different needs, depending on their situation. For example, parents with infants who are born early or facing health challenges likely have different supply needs from employed mothers, parents of multiples, exclusively pumping families, etc.
- Families need access to education and support to understand what is appropriate for them and to ensure proper fit and functionality.
- There is considerable variation between breast pumps and other supplies currently on the market. Product quality, features, and capabilities are not clearly defined or understood by users or retailers, and choices are frequently limited by insurer policies rather than the needs of the breastfeeding dyad.
- Durable Medical Equipment providers are subject to standards and requirements, including those related to patient privacy. It is important to consider how these requirements would apply to retailers, particularly small businesses.

Increasing support for breastfeeding holds enormous potential to improve public health and support a strong economy. The USBC and our network stand ready to provide additional feedback as consideration of this policy landscape continues, and to maintain ongoing implementation support for insurance requirements related to breastfeeding.

Thank you for providing an opportunity to submit feedback. Please direct any questions to office@usbreastfeeding.org.

Sincerely,

Cheryl Lebedevitch
National Policy Director
U.S. Breastfeeding Committee

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